

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

155

Place of Birth

Central Heights

Miami Ariz.

County

Gila

No.

St.

SEX OF CHILD*

Twin
Triplet
or other?

and

Number
in order
of birth

Female

DATE OF BIRTH*

May

19

1928

(Month)

(Day)

(Year)

FULL
NAME

FATHER

Maurice Q Cloudt Jr.

FULL
MAIDEN
NAME

MOTHER

Lelia J. Harper Cloudt

I HEREBY CERTIFY that the child described herein
has been named

Lelia Colleen Cloudt

(Give name in full)

(Surname)

Lelia J. Cloudt

(Parent's Signature)

Melrose Braton (Physician)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 10-1-43-S.P.Co.

933-519-389

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JUN 12 1928

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